

*****REVISED 9/13/06*****

COMPLETE THIS SECTION AT ADMISSION

Staff Member's Name _____

VA Facility Code _____

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(7)

(if you are NOT a consolidated site, use your 3-digit site code - left-justified, no zeros)

Date of Admission.....(mm/dd/yy).....

		/			/		
--	--	---	--	--	---	--	--

(13)

I. VETERAN DESCRIPTION

1. Veteran's Name.....

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(last name, first initial) (please print)

(33)

2. Social Security Number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

(42)

3. Date of Birth.....(mm/dd/yy).....

		/			/		
--	--	---	--	--	---	--	--

(48)

4. Sex.....

<input type="checkbox"/> 1. Male	<input type="checkbox"/> 2. Female
----------------------------------	------------------------------------

(49)

5. Ethnicity (check only one)

- | | | | | |
|--|---|---|--|-----------------------------------|
| <input type="checkbox"/> 1. Hispanic/Latino
(white) | <input type="checkbox"/> 3. Native American
(American or Alaskan) | <input type="checkbox"/> 5. Asian | <input type="checkbox"/> 7. First Nations/
Aboriginal Canadians | <input type="checkbox"/> 9. Other |
| <input type="checkbox"/> 2. Hispanic/Latino
(black) | <input type="checkbox"/> 4. African-American/
Black (not Hispanic) | <input type="checkbox"/> 6. White
(not Hispanic) | <input type="checkbox"/> 8. Native Hawaiian/
other Pacific Islander | |

(50)

6. What is your current marital status? (check only one)

- | | | | |
|---------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> 1. married | <input type="checkbox"/> 3. widowed | <input type="checkbox"/> 5. divorced | <input type="checkbox"/> 7. in committed relationship/partnered |
| <input type="checkbox"/> 2. remarried | <input type="checkbox"/> 4. separated | <input type="checkbox"/> 6. never married | |

(51)

II. MILITARY HISTORY

7. Period of Service? (check only one. First, choose war zone/conflict. If none, check longest period of service.)

- | | |
|--|---|
| <input type="checkbox"/> 1. pre-WW II (11/18-11/41) | <input type="checkbox"/> 5. between Korean and Vietnam Eras (2/55-7/64) |
| <input type="checkbox"/> 2. World War II (12/41-12/46) | <input type="checkbox"/> 6. Vietnam Era (8/64-4/75) |
| <input type="checkbox"/> 3. pre-Korean War (1/47-6/50) | <input type="checkbox"/> 7. between Vietnam and Persian Gulf Eras (5/75-7/90) |
| <input type="checkbox"/> 4. Korean War (7/50-1/55) | <input type="checkbox"/> 8. Persian Gulf Era (8/90 to present) |

(52)

7a. Did you serve in the theatre of operations for any of the following military conflicts? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 1. World War II | <input type="checkbox"/> 5. Afghanistan (Operation Enduring Freedom) |
| <input type="checkbox"/> 2. Korean War | <input type="checkbox"/> 6. Iraq (Operation Iraqi Freedom) |
| <input type="checkbox"/> 3. Vietnam War | <input type="checkbox"/> 7. Other peace-keeping operations or
military interventions (such as: Lebanon,
Panama, Somalia, Bosnia, Kosovo) |
| <input type="checkbox"/> 4. Persian Gulf War (Operation Desert Storm) | |

(59)

MILITARY HISTORY continued

8. Did you ever receive hostile or friendly fire in a combat zone?..... ☐ 0=No ☐ 1=Yes (60)
9. Were you ever a Prisoner of War?..... ☐ 0=No ☐ 1=Yes (61)

III. LIVING SITUATION

11. On the last date you were living in the community were you homeless and, if so, for how long?(check only one)
(do not include time spent in any institution (hospital/jail) or residential tx program)

- ☐ 0. not currently homeless ☐ 4. at least 1 year but less than 2 years (62)
- ☐ 1. less than one month ☐ 5. two years or more
- ☐ 2. at least 1 month but less than 6 months ☐ 9. Unknown
- ☐ 3. at least 6 months but less than 1 year

12. **During the past 30 days (1 month)**, approximately how many days did you sleep in the following kinds of places?
Note: Estimates may often be necessary here. In such cases, make sure the number of days is approximately 30.

- a. own apartment, room or house..... (65)
- b. someone else's apartment, room or house..... (67)
- c. hospital or nursing home..... (69)
- d. VA Domiciliary..... (71)
- e. VA sponsored residential tx program (other than domiciliary)
(e.g. HCHV, GPD, lodger bed, PR RTP)..... (73)
- f. non-VA halfway house program..... (75)
- g. hotel, single room occupancy (SRO), boarding home..... (77)
- h. shelter for the homeless..... (79)
- i. outdoors, abandoned building, automobile, truck, boat etc..... (81)
- j. prison, jail..... (83)
- k. other..... (85)

(62)
leave blank

13. Do you receive any of the following kinds of public financial support?

(check one box for each question)

- | | | | |
|---|-------------------------------|--------------------------------|------|
| a. service connected/psychiatry (include 0%)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (86) |
| b. service connected/other (include 0%)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (87) |
| c. receives NSC pension..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (88) |
| d. non-VA disability, e.g. SSDI (Social Security Disability Insurance)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (89) |
| e. SSI (Supplemental Security Income)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (90) |
| f. workman's compensation..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (91) |
| g. other disability insurance..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (92) |
| h. unemployment insurance..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (93) |
| i. other pension/retirement (e.g. military pension)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (94) |
| j. social security retirement..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (95) |
| k. other public support (including cash and in-kind services)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (96) |

IV. MEDICAL HISTORY

- | | | | |
|---|-------------------------------|--------------------------------|------|
| 14. Do you feel you have any serious medical problems?(veteran's perception)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (97) |
|---|-------------------------------|--------------------------------|------|

V. SUBSTANCE ABUSE HISTORY

- | | | | |
|---|-------------------------------|--------------------------------|-------|
| 15. Do you have a problem with alcohol dependency now?(veteran's perception)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (98) |
| 16. Have you had a problem with alcohol dependency in the past?..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (99) |
| 17. Have you ever been in a residential treatment program or hospitalized for treatment of alcohol dependency?..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (100) |
| 18. Do you have a problem with drug dependency now?(veteran's perception)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (101) |
| 19. Have you had a problem with drug dependency in the past?..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (102) |
| 20. Have you ever been in a residential treatment program or hospitalized for treatment of drug dependency?..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (103) |

VI. PSYCHIATRIC HISTORY

- | | | | |
|---|-------------------------------|--------------------------------|-------|
| 21. Do you think that you have any current psychiatric or emotional problem(s) other than alcohol or drug use?..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (104) |
| 22. Have you ever been hospitalized for a psychiatric problem?(do not include substance abuse treatment)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (105) |

VII. USE OF VA CWT/TR PROGRAM

24. Have you ever been admitted to the CWT/TR before?..... ☐ 0=No ☐ 1=Yes

leave (106)
blank

(107)

VIII. EMPLOYMENT STATUS

25. What has been your usual employment pattern during the past three years?(**check only one**)

(108)

- ☐ 1. full-time (40 hrs/wk) ☐ 2. part-time (reg.hrs.) ☐ 3. part-time (irregular day jobs)
☐ 4. student ☐ 5. service ☐ 6. retired/disabled ☐ 7. unemployed

26a. In the **past 30 days**, were you working in IT, CWT workshop or CWT transitional employment (TWE)? ☐ 0=No ☐ 1=Yes

(109)

[if no, skip to number 26b]

26a1. And in the **past 30 days**, how many days did you work for pay in one of these work categories?

days

(111)

26a2. And how much money did you earn?

\$,

(115)

26b. In the **past 30 days**, were you working for pay in a competitive job?

☐ 0=No ☐ 1=Yes

(116)

[if no, skip to number 27]

26b1. And in the **past 30 days**, how many days did you work for pay in one of these work categories?

days

(118)

26b2. And how much money did you earn?

\$,

(122)

26b3. Was this position part of CWT/Supported Employment (CWT/SE)?

☐ 0=No ☐ 1=Yes

(123)

27. How much money did you receive in the past 30 days(**include all sources of income: work, disability payments, panhandling, plasma donations etc.**) (**select only one**)

- ☐ 1. no income at all ☐ 3. \$50 - \$99 ☐ 5. \$500 - \$999
☐ 2. \$1 - \$49 ☐ 4. \$100 - \$499 ☐ 6. more than \$1000

(124)

IX. LEGAL STATUS

28. Are you currently on probation or parole? ☐ 0=No ☐ 1=Yes

(125)

X. GAF

29. Global Assessment of functioning (GAF) score at admission

(128)

*****END OF ADMISSION SECTION*****

Staff Member's Name _____

Date of CWT/TR Discharge (mm/dd/yy)..... / /

(134)

I. PSYCHIATRIC AND MEDICAL DIAGNOSES

1. Please indicate below the veteran's psychiatric diagnosis (at admission) as determined by professionals in this program or from the medical record.

(check one box for each question)

- | | | | |
|---|-------------------------------|--------------------------------|-------|
| a. alcohol dependency/abuse..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (135) |
| b. drug dependency/abuse..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (136) |
| c. schizophrenia..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (137) |
| d. other psychotic disorder..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (138) |
| e. anxiety disorder..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (139) |
| f. organic brain syndrome..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (140) |
| g. affective disorder (including depression)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (141) |
| h. bipolar disorder..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (142) |
| i. adjustment disorder..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (143) |
| j. PTSD..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (144) |
| k. personality disorder (DSM IV, Axis 2)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (145) |
| l. other psychiatric disorder..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (146) |

2. Which of the following medical diagnoses applied to this veteran during the course of his/her CWT/TR admission?

(check one box for each question)

- | | | | |
|--|-------------------------------|--------------------------------|-------|
| a. oral/dental pathology..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (147) |
| b. eye disorder (other than corrective lenses)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (148) |
| c. hypertension..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (149) |
| d. peripheral vascular disease..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (150) |
| e. cardiac disease..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (151) |
| f. COPD (chronic obstructive pulmonary disease)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (152) |
| g. tuberculosis (TB)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (153) |
| h. gastrointestinal disease..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (154) |
| i. liver disease..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (155) |
| j. diabetes mellitus..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (156) |
| k. seizure disorder..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (157) |
| l. dementia..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (158) |
| m. other neurological disease..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (159) |
| n. anemia..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (160) |
| o. orthopedic problems..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (161) |
| p. malignancy..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (162) |
| q. significant skin disorder..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (163) |
| r. HIV/AIDS..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (164) |
| s. sexually transmitted disease (other than HIV/AIDS)..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (165) |
| t. significant trauma..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (166) |
| u. other..... | <input type="checkbox"/> 0=No | <input type="checkbox"/> 1=Yes | (167) |

II. DISCHARGE STATUS

3. The veteran was discharged from the CWT/TR program because: **(select one)**

- ☐ 1. Successful completion of all components of the program.
- ☐ 2. Successfully completed some components of the program.
- ☐ 3. Veteran was asked to leave because of failure to comply with program requirements.
- ☐ 4. Veteran transferred to another institutional treatment program.
- ☐ 5. Veteran left the program by his/her own decision, without medical advice.
- ☐ 6. Veteran was incarcerated.
- ☐ 7. Other

(168)

4. Select the one choice that best describes the veteran's overall participation in the CWT/TR program.

- ☐ 1. Did not participate actively.
- ☐ 2. Severe psychiatric problems impeded participation.
- ☐ 3. Substance abuse behavior impeded useful participation.
- ☐ 4. Severe medical problems (including Organic Brain Syndrome) impeded ability to participate.
- ☐ 5. Wanted change and expressed need for help but did not engage in treatment.
- ☐ 6. Wanted help and made use of the program.
- ☐ 7. Wanted help and made optimal use of the program.
- ☐ 8. Other

(169)

5. Veteran's living situation after discharge will be: **(select one)**

- ☐ 0. No available residence other than homeless shelters, outdoors, etc.
- ☐ 1. Halfway house or other transitional living program.
- ☐ 2. Institution (hospital or nursing home)
- ☐ 3. Own apartment, room or house.
- ☐ 4. Apartment, room or house of friend or family member.
- ☐ 5. Veteran left program without giving indication of living arrangement.
- ☐ 6. Another CWT/TR program (other than this one)
- ☐ 7. Prison, Jail
- ☐ 8. Other

(170)

II. DISCHARGE STATUS continued

6. Veteran's arrangements for employment after discharge will be: **(select one)**

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> 0. Disabled or retired | <input type="checkbox"/> 4. Vocational training/unpaid volunteer | <input type="checkbox"/> 8. Student |
| <input type="checkbox"/> 1. Unemployed | <input type="checkbox"/> 5. VA's IT | <input type="checkbox"/> 9. Other |
| <input type="checkbox"/> 2. Part-time/temp employment | <input type="checkbox"/> 6. CWT/TWE | <input type="checkbox"/> 10. Unknown |
| <input type="checkbox"/> 3. Full-time employment | <input type="checkbox"/> 7. CWT/SE | |

(171)

7. Consider the following clinical areas and select the description that **best reflects changes** that occurred during the veteran's CWT/TR admission. If item was not a problem area for veteran, check "not applicable."

(check one box for each question)	Not Applicable	Unchanged/ Deteriorated	Improved	
1. personal hygiene.....	<input type="checkbox"/> 0.	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	(172)
2. alcohol problems.....	<input type="checkbox"/> 0.	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	(173)
3. drug problems.....	<input type="checkbox"/> 0.	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	(174)
4. psychotic symptoms.....	<input type="checkbox"/> 0.	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	(175)
5. mental health (other than psychosis).....	<input type="checkbox"/> 0.	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	(176)
6. medical problems.....	<input type="checkbox"/> 0.	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	(177)
7. relationships with family and friends.....	<input type="checkbox"/> 0.	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	(178)
8. employment/vocational situation.....	<input type="checkbox"/> 0.	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	(179)
9. housing situation.....	<input type="checkbox"/> 0.	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	(180)
10. financial status.....	<input type="checkbox"/> 0.	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	(181)

III. PROGRAM PARTICIPATION

8. While in the program, did the veteran participate in any of the following CWT programs? (check one box for each question)

- | | | |
|--|--|--------------|
| a. Workshop on VA grounds | <input type="checkbox"/> 0=No <input type="checkbox"/> 1=Yes | (182) |
| b. CWT/TWE on VA grounds (TWE - CWT pays client)..... | <input type="checkbox"/> 0=No <input type="checkbox"/> 1=Yes | (183) |
| c. Workshop in the community | <input type="checkbox"/> 0=No <input type="checkbox"/> 1=Yes | (184) |
| d. CWT/TWE in the community (TWE - CWT pays client)..... | <input type="checkbox"/> 0=No <input type="checkbox"/> 1=Yes | (185) |
| e. Supported employment (SE) | <input type="checkbox"/> 0=No <input type="checkbox"/> 1=Yes | (186) |

9. Hours worked:

- | | | | |
|---|---------|---|--------------|
| a. Total hours worked in CWT workshop or CWT transitional employment
(CWT/TWE) since admission to the TR | # hours | <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> | (190) |
| b. Total hours worked in competitive employment since admission to
the TR (approximate)..... | # hours | <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> | (194) |
| c. Was any of this part of CWT/Supported Employment (CWT/SE) | | <input type="checkbox"/> 0=No <input type="checkbox"/> 1=Yes | (195) |

Compensated Work Therapy / Transitional Residence
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III. PROGRAM PARTICIPATION continued

10. Earnings:

a. Total (net) earnings from CWT workshop or CWT/TWE since admission to the TR..... (dollars - no cents) \$, **(200)**

b. Total (net) earnings from competitive employment since admission to the TR(approximate).....(dollars - no cents) \$, **(205)**

11. Total program fee (rent) paid since admission to the CWT/TR..... (dollars - no cents) \$, **(209)**

12. Program fee (rent) includes cost of:

a. food ☐ 0=No ☐ 1=Yes **(210)**

b. heat ☐ 0=No ☐ 1=Yes **(211)**

c. water ☐ 0=No ☐ 1=Yes **(212)**

d. electricity ☐ 0=No ☐ 1=Yes **(213)**

e. security deposit ☐ 0=No ☐ 1=Yes **(214)**

f. Other..... (specify _____) ☐ 0=No ☐ 1=Yes **(215)**

13. Global Assessment of functioning (GAF) score at discharge..... **(218)**